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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Anthony Gonzalez for Congress 9856 Archer Ln ADDRESS (number and street) (Check if address is changed) Dublin 43017-8914 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS natalie@nkbaurassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.voteanthonygonzalez.com (Check if address is changed) DATE 30 2021 C00654079 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Baur, Natalie, , , Type or Print Name of Treasurer Baur, Natalie, , , [Electronically Filed] 07 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate	Gonzalez, Anthony, , Mr.,	
Candidate Party Affiliati	Office Sought: House Senate President	State
		District 16
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	•
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	egregated fund or party
(.)	committee. (i.e., nonconnected committee)	ogregated fand of party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Com	mittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.		
4.		

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Write or Type Committee Name	9		
Anthony Gonza	lez for Congress		
6. Name of Any Connected (Organization, Affiliated Committee, Joi	nt Fundraising Representative, o	r Leadership PAC Sponsor
Gonzalez Victory Fund	, , , , , , , , , , , , , , , , , , ,		
Mailing Address	9856 Archer Ln		
g	Dublin	OH	43017-8914
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number -	- optional) and position of the per-	son in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; a	nd the name and address of
Full Name Baur, Nata of Treasurer	ilie, , ,		
Mailing Address	9856 Archer Ln		
	Dublin	OH	43017-8914 –
Title or Position Treasurer	CITY	STATE 614 Telephone number	ZIP CODE 4 563 1538

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. Fifth Third Bank 16280 Perimeter Drive	
	Depository, etc. Fifth Third Bank 16280 Perimeter Drive	
Name of Bank,	Depository, etc. Fifth Third Bank 16280 Perimeter Drive	
Name of Bank,	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin OH 43017	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin OH 43017	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin CITY STATE Depository, etc. Cadence Bank	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin OH 43017 CITY STATE Depository, etc. Cadence Bank 2234 W. Broad Street	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin OH 43017 CITY STATE Depository, etc. Cadence Bank 2234 W. Broad Street	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Fifth Third Bank 6280 Perimeter Drive Dublin OH 43017 CITY STATE Depository, etc. Cadence Bank 2234 W. Broad Street	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	or(h). Joint Fundraisin g	y Participant:		
	1.		EC ID number	С
	2.	FE	EC ID number	C
	3.	FE	EC ID number	C
	4	FE	EC ID number	C
6.	Name of Any Connected Cheney-Gonzalez	Organization, Affiliated Committee, Joint Fundraising	g Representative	e, or Leadership PAC Sponsor
	Mailing Address	421 Shepherd St NW		
		Washington	DC	20011-5943
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint Funds	Iraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address	CITY	STATE A	ZIR CODE A
	Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
		•		ZIP CODE A
	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	Telepho ies: List all banks or other depositories in which the co	STATE ▲	
	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Classic	Telepho ies: List all banks or other depositories in which the cointains funds.	STATE ▲	
	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching the safety deposit boxes or matching the safety depository, etc.	ies: List all banks or other depositories in which the contains funds.	STATE ▲	
	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching the safety deposit boxes or matching the safety depository, etc.	ies: List all banks or other depositories in which the contains funds.	STATE ▲	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi r	g Participant:			
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
Name of Any Connected	Organization, Affiliated Com	mittee, Joint Fundrais	ing Representative	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CITY	/ A	STATE A	ZIP CODE A
			• – –	
Connecte	d Organization Affiliated C		ndraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated C		ndraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated C		ndraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated C		ndraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated C	amber – optional)		
Connecte Designated Agent: Identif	d Organization Affiliated C	amber – optional)	ndraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Control of the property of the prop	mber – optional)	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail	Affiliated Control of the property of the prop	mber – optional)	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mailing and market propositions. Jame of Bank, Depository, etc.	Affiliated Control of the property of the prop	mber – optional)	STATE A	ZIP CODE A